

Thrive Paediatrics:

A programme for wellbeing,
development and sustainable
staffing in paediatrics

National Report 2025



Foreword

The wellbeing and working lives of paediatricians are core priorities for the Royal College of Paediatrics and Child Health (RCPCH). 58% of respondents in a 2020 survey of RCPCH members said workforce and rota gaps were their greatest challenge, followed by burnout (35%) and work-life balance (34%). In 2021, the Paediatrics 2040 Supporting Report on Wellbeing was published, offering an evidence-based overview of how paediatricians felt at the time and a literature review of differing wellbeing initiatives in clinical settings.

In 2022, the College was awarded a grant from the Dinwoodie Charitable Company to support delivery of a new College programme to design a national framework for wellbeing, agency and sustainable staffing in paediatrics. Led by the RCPCH Officer for Lifelong Careers and two dedicated RCPCH Dinwoodie Clinical Fellows; and supported by an executive RCPCH Steering Group, an operational manager, and administrative team, Thrive Paediatrics was officially launched in 2023, and the approach and outcomes of this Programme are summarised in this report.

While issues impacting the paediatrics workforce are largely systemic and a reflection of an overstretched NHS landscape, the RCPCH has committed to addressing the important concerns of its members and act in areas where changes can be made. 1 of 4 goals in the 2024-27 RCPCH strategy is that “the size, skill and welfare of the UK child health workforce are prioritised by senior NHS decision makers to meet the needs of children and young people (CYP)”.

This document describes a national framework for improving the wellbeing and working lives of paediatricians built upon three core themes: the development of the RCPCH Roadmap for Transforming Working Lives of Paediatricians, the establishment of regional Wellbeing and Innovation Networks, and a web-based wellbeing resource hub. This work has highlighted important welfare concerns for the paediatric workforce, and this report identifies case examples and recommendations that should be explored at pace by service leaders if we are to safeguard and sustain this vital community, and ensure high quality care is provided to children and young people, and their families by the right people, in the right place, at the right time in future generations.

Prof Steve Turner
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December 2025

Executive Summary

Emerging patterns lean heavily towards day-to-day practicalities and key areas around time and capacity and getting the small things right.

The child health workforce provides expert care for an age group that makes up 25% of the total population and child health conditions have long-term consequences for adult care. The Thrive Programme has highlighted the importance of prioritising wellbeing in the paediatric community while addressing underlying workplace challenges. It has brought attention to the complex nature of these issues and provided a range of options for future development, both for the RCPCH and system leaders within the NHS. Key themes highlighted included:

- Need is outstripping workforce capacity
- Child health requires a whole system approach to workforce planning
- National planning is required with a sustainable long-term child health workforce plan that addresses both recruitment and retention

Thrive Paediatrics 2023-25 Summary:

- **Thrive Roadmap** developed as a guide outlining best practices for paediatrician wellbeing and sustainable working environments. The document consists of three themes: working lives, professional development, and wellbeing and culture. The Roadmap and serves as a valuable tool for benchmarking and initiating improvements.
- **Wellbeing and Innovation Networks (WIN)** - 2 pilot networks have been instrumental in understanding how to empower and activate change in local Trusts/Health Boards. Embedding wellbeing networks into existing structural frameworks, such as the Deanery or Integrated Care Boards may enhance access to resources. Allocating time and leadership support in job plans is another crucial factor for the sustainability of a network.
- **Thrive online resource hub and national community of practice** – a national peer-led community has developed organically providing support and guidance, forming and a critical source of ideas that has shaped key initiatives.

Key recommendations

- **System leaders:** The impetus to positively change the working lives of their community is present, but the sustainability and effective delivery of WINs is contingent on support structures, leadership, and resources.
- **RCPCH:** Thrive has clearly demonstrated an ongoing need from RCPCH members. There is value in capturing 'the how' to inform future planning of activity, building on the lived experience and successful case examples from the Thrive community. The online hub, resources and national community of practice should be further developed for both core and higher-level learning.

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Background

The RCPCH Training Charter, originally published in 2019 and updated in 2024¹, outlines what the RCPCH expects from every training unit in the UK. This covers educational supervision, teaching, rotas, fatigue and rest facilities, less than full time training, training environment and training programmes. However, data published by the General Medical Council (GMC) in 2024² showed that paediatric postgraduate doctors in training (PGDiT) were reporting the third heaviest workload of all specialties, and nearly 20% of paediatric PGDiT were at real risk of burnout. In the survey of over 74,000 doctors in training and their trainers:

- 19% of paediatric PGDiT are at high risk of burnout
- 12% of paediatric trainers are at high risk of burnout
- 51% of paediatric PGDiT rated intensity of workload as very heavy or heavy.

Over 80% of RCPCH census respondents in the UK have persistently said that paediatric training posts and rota gaps pose a significant risk to the service they provide for babies, children and young people (BCYP) and their families.³ The 2024 RCPCH Rota Gaps Survey showed paediatric services across England, Scotland and Northern Ireland were managing an average of 20% gaps across Tier 1 and 2 paediatrics rotas⁴. New referrals from paediatrics to NHS Practitioner Health ranked 7th out of a total of 16 specialties, and between April 2023 and March 2024, there were 271 new or re-engaging paediatric referrals to Practitioner Health, accounting for 9.7% of the total number.⁵

BCYP outpatient attendances are forecast to increase by 48% (16.5 million annually) by 2030 if current trends continue, and there is a 50% anticipated increase in A&E attendances among BCYP by 2030.⁶ Within community services, children are waiting longer than adults with a significant capacity-demand mismatch - 44% of community paediatric services report median waiting times of between 13-52 weeks.⁷ Demand is outstripping supply, and the paediatrics workforce is becoming increasingly overstretched. RCPCH data triangulated against data from Statutory Education Bodies indicated a figure of around 5% attrition in paediatric training.⁸ There has also been a move to consultant resident on-call with an increase from 20% to 33% over a six-year time period.⁹

Launched on 30th June 2023, the NHS Long Term Workforce Plan was commissioned and accepted by the government to address existing and future workforce challenges over a 15-year period. There were considerable concerns about the modelling that underpinned national workforce projections for paediatrics.¹⁰ 2 key statements from a review of the modelling by RCPCH were:

- **Current demand** - projections indicate health care needs already exceed BCYP workforce resources.
- **Future demand** - BCYP services are likely to continue growing and current workforce modelling does not sufficiently account for changes in birth rate, increasing complexity in the population and case mix as well as increasing challenges from new or growing medical advances.

Programme Overview

Thrive Paediatrics had an ambition to activate and motivate individuals and teams within our paediatric community to become agents for change with a common purpose to develop a thriving, sustainable workforce that can deliver safe, high-quality care to children and young people.

Roadmap for Transforming Working Lives of Paediatricians

The RCPCH roadmap¹¹ was developed as a guide outlining best practice for paediatrician wellbeing and sustainable working environments. The document consists of three themes: working lives, professional development, and wellbeing and culture. Each chapter comprises of key themes, under which detailed statements of 'what good looks like' are outlined alongside a range of examples of working practices applicable to individuals, teams and organisations that support sustainable thriving careers.

Developed using a Delphi process, scrutinising expert opinions, existing medical evidence and employment legislation, plus opinion from stakeholders events across the UK with representation from a range of doctors from Clinical Leads to PGDIT, and an open consultation amongst College members, the final statements were agreed by consensus. The statements were then framed within a roadmap, which provided an opportunity for individuals and teams to create a map of their journey towards improved wellbeing and a sustainable working environment.

“The NHS currently feels like a difficult place. The cost-of-living crisis, widespread industrial action and the impact of COVID-19 have all added to a system already stretched by rota gaps and capacity issues. So, to talk about thriving in our paediatric careers risks accusations of being divorced from reality, of pointless dreaming. But in our Thrive Paediatrics work, we venture to suggest that there is a place for a dreaming, for a vision of how things could be - and should be. Change will not happen simply through painting such a picture. But it is surely more likely to happen if together we develop and share that vision and feel empowered to reach for it.” – Dr Jonathan Darling

The roadmap is the first document within paediatrics to give a clear and holistic vision for paediatricians and paediatric services on what they could and should consider for their working lives and overall wellbeing of their staff. It has given the specialty a common language to begin discussions, without judgement, on where their journey is starting and then provides a map, and thus clarity on where their energy and efforts could lead them, combined with real life examples, tools, enablers that will help them on their improvement journey.



Having contextualised the origins and intentions of the roadmap, strategies were developed to equip paediatricians with the skills to apply the statements in a workplace setting; bringing it to life through interactive workshops and shared experiences. A grid outlining the 20 sub-sections of the roadmap, covering the three chapters was used to encourage paediatricians to map their stories and experiences to core themes. Examples of good practice were also mapped to the different areas of the roadmap, sharing these on the Thrive Paediatrics online hub with practical illustrations of work being undertaken in practice.

Working lives	1.1 Staff Inductions	1.2 Workload, staffing, rotas and leave	1.3 Sustainable Rotas	1.4 Handovers and debriefs
	1.5 Job planning and job reviews	1.6 Fair and equitable access	1.7 Recruitment and retention	2.1 Appraisal and Personal Development
Professional development	2.2 Supporting wider NHS roles and personal learning	2.3 Career progression	2.4 Supporting leaders and managers	2.5 Culture of learning
	3.1 Appropriate Facilities	3.2 Wellbeing culture	3.3 Promoting inclusivity	3.4 Staff satisfaction
Wellbeing & culture	3.5 Vision, strategy and decision-making	3.6 Leaders in co-production	3.7 Communicating effectively and inclusively	3.8 Openness and learning

Wellbeing Innovation Networks

Thrive Paediatrics set out to design and activate two pilot WINs of regional communities of paediatricians and allied health professionals that collaborate to improve the wellbeing and working lives of colleagues across the region. It was hypothesised that a self-forming community of like-minded motivated colleagues would become the catalyst for uniting the local community of paediatricians, creating a home for sharing experiences, discussing ideas, and planning interventions to serve their community. East of England and South East Scotland were selected applying different models, offering the opportunity to learn from alternative methodologies:

	South East Scotland	East of England
Structure	Organic regional group of interested paediatricians	Embedded in the local School of Paediatrics
Network lead(s)	One network lead, a consultant paediatrician	Two co-leads, both consultant paediatricians
Time allocated to the pilot	No allocated time in job-plan	Lead role aligned with TPD job plans, although no allocated time
Membership	Medical membership representing most paediatric providers in the region	Medical, nursing and allied health membership representing most paediatric providers in the region
Connection	Virtual monthly meetings and annual face-to-face events	Virtual monthly meetings and annual face-to-face events
Communication	Network communication via a Microsoft Teams channel and nhs.net email	Network communication by email and WhatsApp group
Support from Dinwoodie Fellow	Remote support from the Dinwoodie Fellow	On-the-ground support from the Dinwoodie Fellow
Reporting	No formal local reporting mechanisms	Formalised reporting to the Specialty Training Committee

Each WIN emerged with one or two network leads and a core group of paediatricians from across the region. The Dinwoodie Clinical Fellows provided a crucial link between RCPCH and the respective pilot regions - activities of the Fellows fell into four broad categories:

- **Leadership** - writing terms of reference, meeting with WIN leads/steering group, determining topics for discussion, offering direction to the network based on data, delivering presentations, chairing monthly meetings
- **Practical support** - organising network meetings, typing minutes, sending emails, 1:1 meetings with network members
- **Event planning** - planning and organising face-to-face events, liaising with speakers, designing programmes and posters
- **Education and resources** - designing and delivering educational material, sharing resources

When the South East Scotland network formed, energy levels amongst paediatricians in the region were low. They described feeling ‘overwhelmed’ and ‘out of their depth’ faced with the idea of leading change in this area. Engagement was challenging and though people felt that wellbeing was “really important” they perceived it to be difficult to translate this into action. Difficulties related to ‘sustaining energy for the long term’, and monthly virtual meetings provided the community with development opportunities, sharing evidence, skills and offering opportunities for extended learning related to core wellbeing topics, which encouraged actions within the community’s sphere of influence. Listening became an important way of building trust, connection, and psychological safety.

The East of England network centred on understanding factors impacting the wellbeing of the community and exploring actionable areas for improvement. There was particular interest in ensuring the diversity of the network, both in clinical roles and representation from all paediatric units in the region, which allowed for rich and productive discussions that brought multiple perspectives to light. There was a strong desire to find solutions for inefficiencies in the daily practicalities of the working environment, and discussions focused on topics such as managing workload and staff shortages with the aim of finding sustainable solutions. Data highlighted the impact positive departmental culture and teamwork had on people’s experience and enjoyment at work despite pressures, and became a key theme that underpinned the network’s activities, including:

- Email management
- Check-in and check-out
- End of placement surveys
- Pre-employment checks and rotational administration
- Rota design and patterns
- Web resources.

Thrive Targeted Interventions

Thrive Paediatrics has used an iterative and responsive approach for delivery rather than implementation of a standardised range of solutions. As such, the Programme created processes to engage with the wider paediatric community with the intention to listen and adapt interventions in response to their evolving needs. The aims of these national Thrive targeted interventions were:

- Raising the profile of wellbeing
- Building a national Thrive Paediatrics network
- Educating the paediatric community about wellbeing
- Providing paediatricians with the tools and skills to activate change.

The repeated and continued call for education made resource development a priority, and an online resource hub was created via the RCPCH e-learning platform. This hub included evidence-based resources, examples of good practice, and lived-experience stories to inspire and guide paediatricians in their journey toward thriving careers, and empower individuals

to design and deliver bespoke, high-quality interventions to activate agency and resilience within their local communities, including:

- **Evidence** - compilation of journal articles, podcast episodes, books, videos and links to external eLearning modules that relate to five important wellbeing-related topics: Civility, Compassionate Leadership, Psychological Safety, Burnout and Positive Psychology. These resources support paediatricians to develop business cases, proposals, educational materials or prompts for journal clubs and local teaching sessions.
- **The roadmap in practice** - bringing the RCPCH Roadmap for Transforming Working Lives of Paediatricians to life with examples of work that is already happening up and down the country. These examples of good practice were collected from members of the national Thrive community of practice, members of the WINs and connections made at conferences, meetings and presentations. Illustrations include posters to improve communication and psychological safety, videos about reasonable adjustments, descriptions of how to protect SPA time for PGDIT, guidance on supporting colleagues experiencing miscarriage or fertility treatment, and innovative approaches to induction.
- **Lived experiences** - developed to offer hope, illustrate that paediatric careers do not have to be linear and that there are many ways that we can support one another to have sustainable, fulfilled careers in the specialty.

“The resource hub is fantastic! I am using some of the content to support a breakfast session I am hosting.”

“The personal stories are so valuable and remind me that I’m not alone in finding things hard.”

As the profile of wellbeing spread across the paediatric community, a series of 16 blogs written by Dinwoodie Clinical Fellows were circulated to all RCPCH members to raise awareness of Thrive Paediatrics as well as shift the narrative around wellbeing - the focus being on creating a culture of compassion, inclusion and belonging, using the power of storytelling to connect with paediatricians with topics such as the grief of losing a patient, the stigma of burnout and mental illness, the value of civility, how to lead with inclusion and compassion.

“I’m glad I read your article titled ‘a grief we don’t speak of’ recently, as just this week one of our long-term patients passed away & it really impacted everyone. I was able to share your article in the group-chat & ensure conversations were encouraged.”

Outside of the WINs paediatricians increasingly came forward expressing an interest in being involved in Thrive Paediatrics, thus a national community of practice organically evolved. In November 2023, the team hosted a national Thrive Paediatrics Listening Event, advertised to all RCPCH members. It served to bring together paediatricians interested in wellbeing who were not part of a pilot WIN to share stories, learn about the science of wellbeing and how to use the roadmap to activate change.

From April 2024, the Programme started running monthly Thrive Paediatrics drop-in sessions. These have been virtual meetings of like-minded paediatricians with an interest in wellbeing who come together to share stories, challenges and ideas for change. In contrast to the WINs where members have been recruited, the national community is a self-selected group where paediatricians have come forward as individuals eager to engage in this work. Many already have an interest in wellbeing and have been active in this space.

Over time, a core group has emerged as regular attendees. By keeping these sessions informal, people have had the freedom to attend as and when they can. Numbers have varied from 8-12 people per session and conversations at drop-ins have been aligned with discussions in the WINs, including psychological safety, compassionate leadership, inclusion, civility, creativity in medicine, supporting the emotional burden of working in paediatrics, managing the workload, creating boundaries and managing conflict and communication in teams.

“Making connections and not feeling isolated in the experience of trying to provide staff support. Sharing experiences and discussing different aspects of being a paediatrician has impacted on work I am doing on the ward. Creation of a community of like-minded people in Paediatrics has helped to motivate me to continue work in staff support. Overall, I found the sessions hugely interesting, I felt empowered to engage and share experiences and this has fostered a mindset of acceptance of wellbeing and staff support”

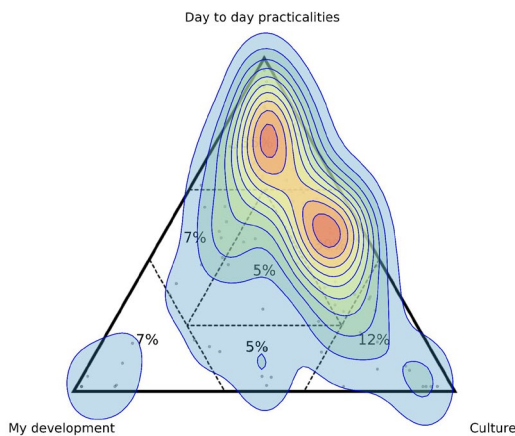
“After attending the Thrive Paediatrics session, I have managed to set up a pop-up reflective space for our Neonatal Department.”

Key Findings

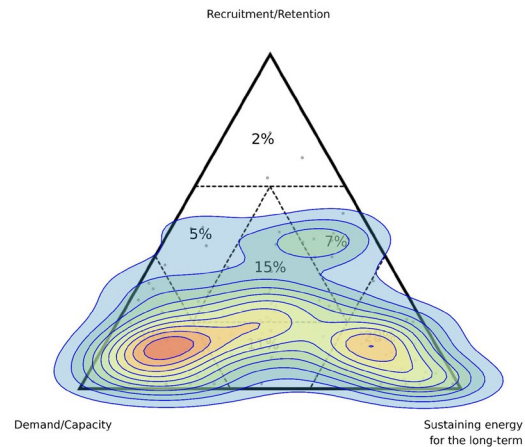
Recognising the importance of data driven action, the team selected the SenseMaker platform, an innovative ethnographic research method, to gather narratives from paediatricians and analyse patterns in their experiences. This approach was used to better understand the themes and trends and to support the development of interventions tailored to the needs of the paediatric workforce, gather data nationally and within the two pilot regions.

In total, 106 paediatricians shared their experiences at the start of the project. Their stories revealed a perception of powerlessness across the community. People felt trapped in a space where they did not have the agency or energy for change. Only 19% described feeling empowered in the experiences they had shared. The words “leadership”, “support”, “supervision”, “teamwork”, “kindness”, “valued” and “appreciation” featured frequently, and these aligned with the Wellbeing and Culture section of the roadmap. Over 50% of the 106 paediatricians described feeling powerless. The themes associated with these experiences related, in the most part, to the Working Lives chapter of the roadmap, with the words “busy”, “workload” and “overwhelmed” being the most used.

1. This story is about...



4. This experience was about...



The WINs remain in the early stages of development and anecdotally they have shown how a greater sense of connection and belonging can be created by actively engaging in discussions surrounding wellbeing and improvements to the working environment. They also reflect a growing regional interest in fostering supportive practices and enhancing the overall experience for healthcare professionals. As the networks transition into delivery independent of Dinwoodie Clinical Fellows' support, there has been significant focus on ensuring their sustainability and capacity for continued growth. These conversations highlight a collective commitment to maintaining the momentum of the network's initiatives while exploring strategies to solidify their future operational framework.

There are recurring common themes, such as workload and day-to-day practicalities, that prompt broader conversations about workforce capacity and resources, and the inherent challenges of designing and maintaining effective rotas and job plans. These conversations inevitably highlight the constraints imposed by limited funding and place focus on wider systemic issues that require investment from system leaders in the NHS workforce and workplace.

Discussion

Over the past 5 years, the RCPCH has committed resources around wellbeing, but Thrive Paediatrics was a larger scale project which has become a platform to raise the profile of wellbeing across all College members. Through an iterative and responsive approach Thrive Paediatrics has provided a deeper insight into the reality of the working lives of paediatricians; and has created the momentum, drive, capacity and collaborative spirit to act in service of positive change both within the WINs and nationally. Recruitment of paediatricians already engaged in wellbeing work offered an additional value as they brought expertise, experience and a degree of objectivity which helped to guide the programme.

The roadmap has proven to be an invaluable resource that continues to be used by the community as a catalyst to initiate discussions on enhancing the work environment. Within

the programme it had been particularly valuable in workshops, the RCPCH conference and other national events, as well as serving as a reference for several WIN activities.

In the context of an overworked and exhausted workforce nationally, without dedicated time for wellbeing in the WIN Lead's job plan, the long-term sustainability of the community is fragile. It is estimated that once the community is established, 0.25 PAs could sustain the network in the absence of a Clinical Fellow. Although the East of England model was based on TPD time, RCPCH recognises that funding of WIN Leads through this route may not be possible across all Schools of Paediatrics and funding arrangements can differ across regions. By being embedded in the existing deanery structure, the East of England network had access to communication channels, administrative support, a website, training days, trainers and TPDs. However, conversations and projects have tended to focus predominantly on PGdIT and additional efforts were required to ensure that the wellbeing of all paediatricians are considered.

A stand-alone, organically grown community with less involvement from wider stakeholders is more likely to focus its energy on sharing stories and experiences and drawing on suggestions from other network members. Initiatives to improve wellbeing are more likely to be at a personal or departmental level and the benefit of the community lies in the personal connections and support members offer one another. With the involvement and engagement of senior leaders, educators including TPDs the reach of the community is potentially greater.

The national Thrive Paediatrics community has been a major source of ideas, suggestions and support for the programme:

- Face-to-face events are fundamental in connecting the community, sharing stories and offering CPD but the sustainability of these events relies on administrative support and protected time to coordinate it.
- Embedding days in the local School of Paediatrics can give events credibility and offer a way to obtain potential funding but it is important to recognise there is variation among different career stages and professions and that Thrive is not limited to those currently in a run-through training programme.

Education forms a large part of what is required to improve the wellbeing and working lives of paediatricians. Using the Wellbeing and Innovation Network pilots as a representation of the overall paediatric community, training in the fundamentals of personal, team and organisational wellbeing is needed to change culture. Resources for this area may include:

- Webinars
- Online learning packages
- Face-to-face events
- Podcast episodes
- Teach the teacher sessions

The professional development needs of those already experienced in wellbeing theory will require additional in-depth, specialist content, as well as opportunities to connect and learn from one another. Resources for this area may include:

- Specialist CPD opportunities
- Consideration of a wellbeing special interest group
- Opportunities to educate others

Next Steps

Promoting wellbeing and awareness of workplace culture across the paediatrics community is essential for a sustainable workforce.

Continued RCPCH leadership and support, including educational resources, will be vital in scaling up and sustaining efforts nationally.

The Thrive Programme has highlighted the need for a wellbeing focus in the paediatric community, while addressing underlying workplace challenges. The project has brought a focus on the complexity of wellbeing issues, and there may be greater traction and success if embedded in, or connected to, established structures.

Thrive Paediatrics has laid a strong foundation for addressing the wellbeing of the paediatric workforce. Through national and regional collaborations, the project has sparked important conversations about paediatrician wellbeing and laid the groundwork for a culture of compassion, inclusion, and sustainability within the specialty. The Thrive interventions around the roadmap and the educational hub have also helped to improve literacy in understanding, talking about and leading on wellbeing interventions by developing a common language, disseminating resources and identifying key issues and common themes.

Learning from the Programme has demonstrated how wellbeing work is inextricably linked with wider workforce planning. The RCPCH has merged Workforce and Careers workstreams within the College under one operational board to ensure there is clear continuity for how Thrive develops alongside workforce information and advocacy activity. Recent publications include:

- [Rota gaps survey findings 2024 | RCPCH](#)
- [Consultant and SAS doctors job planning toolkit | RCPCH](#)
- [Rostering guidance for postgraduate doctors in training \(England\)](#)

Whilst workplace wellbeing is often a priority for the NHS, the information gleaned from the Programme indicates that it often feels overwhelming in its complexity. Moving forward, sustaining momentum and expanding these efforts with investment from national and local system leaders will be key to ensuring the long-term wellbeing of the paediatric workforce. In July 2025, UK Government published its 10-Year Health Plan for England, including an “NHS workforce fit for the future”:

- A new set of staff standards developed with the Social Partnership Forum will be introduced in April 2026 to outline minimum standards for NHS employers, including access to nutritious food and drink at work, reducing violence against staff, tackling racism and sexual harassment, standards of 'healthy work' and occupational health support, and flexible working.
- Data on NHS staff standards published at the employer level every quarter will underpin an NHS Oversight Framework, with poor performance on staff-related outcomes acting as an early warning signal for CQC.
- National Guardian's role will align with other national staff voice functions, such as existing freedom to speak up case management functions
- Staff Treatment Hubs are to be established as the occupational health service for all NHS staff, including support for mental health issues.

As part of the RCPCH Blueprint for Transforming Child Health Services¹², the RCPCH has called on central decision-makers to establish a national child health workforce strategy. A new NHS Long Term Workforce Plan for England was published in July 2025. RCPCH will continue to advocate for the health needs of BCYP and the wellbeing of the required child health workforce to be central to this plan.

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Glossary of terms

Term	Meaning (in this document)
BCYP	Baby, Children and Young People
CPD	Continued Professional Development
CQC	Care Quality Commission
Deanery	A regional organisation responsible for postgraduate medical and dental training, within the structure of the National Health Service (NHS)
Integrated Care Boards	Responsible for co-ordinating and supporting the provision of high-quality healthcare to their communities, encompassing primary and secondary care services.
Paediatricians	Paediatricians are medical doctors who treat infants, children and young people.
PGDit	Postgraduate doctors in training
RCPCH	Royal College of Paediatrics and Child Health
SenseMaker	Ethnographic research methodology
SPA	Supporting Professional Activities
Statutory Education Bodies	Responsible for developing and delivering healthcare education and training for the NHS, health and social care and other public bodies.
TPD	Training Programme Director
WIN	Wellbeing Innovation Network

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